Name In Full Clara Carrey

Certificate of Death

Died at Town Quefonco County Worcester MARYLAND

Date 189 Month Day Dec 10 | Age Y. M. D. 43 | Native of Maryland | Occupation House Work

~~Male~~ Female | White Colored | Married Single | Widow Widower | Divorced Number of children living

~~Husband~~ Wife of William Carrey

Father's Name | ~~Mother's~~ Name

Cause of Death: Primary 161 | Immediate | How long sick | Accident, Suicide, Homicide

Reported by Curtis J Evans & son undertakers

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Aydlott

of Snowhill md

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Esma Davis

Certificate of Death

Died at Town Snow Hill County Wor. MARYLAND

Date 1899 Month Dec Day 18 | Age Y. 51 M. D. | Native of Md. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children~~ living

~~Husband~~ ~~Wife~~ of

1520

Father's Name Henry Davis | Mother's Name Clarissa Davis

Cause of Death: Primary Killed by over | ~~How long sick~~

Immediate turn of a cart | Accident, ~~Suicide, Homicide~~

Reported by Burbage & Conner Undertakers

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner Frank D Morris

of Friendship Md.

Information contained in this certificate re-

ceived from Mrs Jas Townsend

of Friendship Md

Name in Full

Certificate of Death

Margsette E. Holloway

Died at Town Quiponco County Wor. MARYLAND

Date 1899 Month Dec Day 31 Age Y. 60 M. 11 D. 28 Native of Md ~~Occupation~~

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ of Wife Saul Holloway

Father's Name Elijah Laws Mother's Name Sallie Laws

Cause of Death Primary 44 How long sick 3 weeks

Immediate Paralysis ~~Accident, Suicide, Homicide~~

Reported by Burbage & Conner Undertakers

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. Whilden

of Whilden Md

Seen by Coroner

of

Information contained in this certificate received from Mrs J. Truitt

of Green Hill Md

Name in Full

Certificate of Death

Amanda A. Kelley

Died ~~at~~ near Town Snow Hill County Wor. MARYLAND

Date 1899 Month Dec Day 14 Age Y. 47 M. 2 D. 13 Native of Md ~~Occupation~~

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Thos Kelley

Father's Name Thos Kelley Mother's Name Sarah Kelley

Cause of Death Primary Cancer of stomach How long sick about 1 yr

Immediate " 25 V. ~~Accident, Suicide, Homicide~~

Reported by Burbage & Cannon Undertakers

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Straughn

of Brown Hill

~~Seen by Coroner~~

of

Information contained in this certificate received from Wm Kelley

of Brown Hill

Name in Full Martha Miller

Certificate of Death

Died at Town Berlin (near) County Worcester MARYLAND

Date 189 9 Month 12 Day 27 | Age Y. 18 M. about D. | Native of Md | Occupation Servant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of ~~children living~~

~~Husband~~ of ~~Wife~~

22a

Father's Name Ed Miller

Mother's Name Martha Miller

Cause of Death: Primary Suppression of Menses

Immediate Consumption

How long sick 3 mos

~~Accident, Suicide, Homicide~~

Reported by Ebe Nicolas

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Florence E. Pollitt

Certificate of Death

Died at Town Snow Hill County Wor. MARYLAND

Date 189[illegible] Month Dec Day 12 | Age Y. 21 M. 9 D. 28 | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ Wife of Wm. Pollitt

Father's Name Robert Townsend | Mother's Name Maggie Townsend

Cause of Death: Primary Consumption | How long sick 4 months

Immediate ,, 220 | ~~Accident, Suicide, Homicide~~

Reported by Burbage Coroner Undertaker

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]8

Attended by Dr. Straughn Jones
of Snow Hill

Seen by Coroner

of

Information contained in this certificate received from Mrs Pollitt
of Snow Hill

Name in Full: Charles Quillen

Certificate of Death

Died at — Town: Parkertown — County: Worcester — MARYLAND

Date 189 9 — Month 12 — Day 2 — Age Y. 26 M. — D. — Native of: Worcester — Occupation: farmer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~

Number of children living: 1

Husband of Wife: —

Father's Name: Chas Quillen

Mother's Name: —

Cause of Death — Primary: Typhoid fever — Immediate:

How long sick: 6 weeks

~~Accident, Suicide, Homicide~~

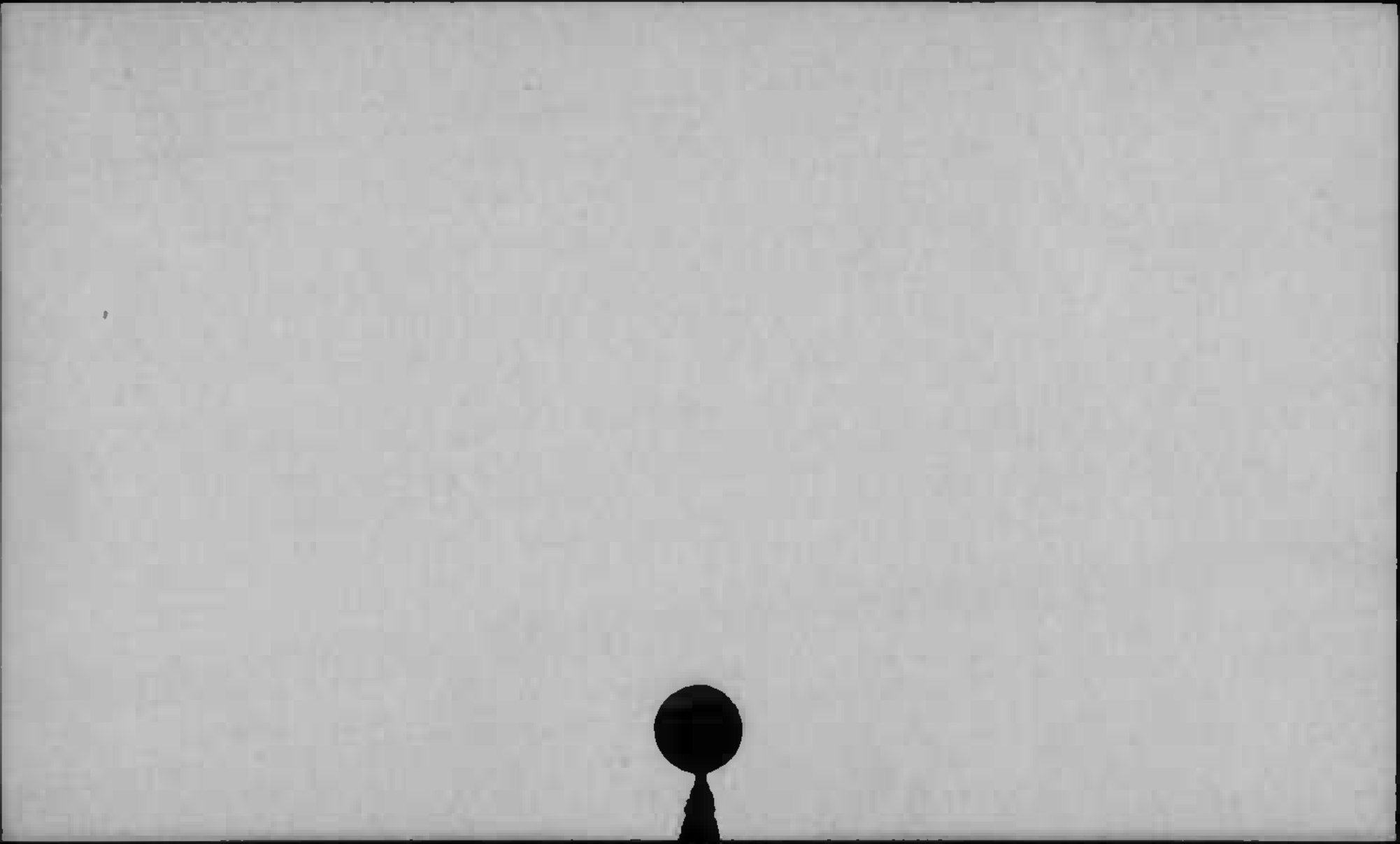
Reported by: Albert Quillen

Address: Berlin Md

J E Wise P.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Louise Taylor

Died at Town Stockton County Worcester MARYLAND

Date 189 Month 12 Day 1 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Ledger - Enterprise 12-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

Carrie Twilley

Died at Town: Allen County: Wic MARYLAND

Date 1899 Month: Dec Day: 14 | Age Y. 28 M. D. | Native of U S | Occupation

Male / Female | White / Colored | Married / Single | Widowed / Widower | Divorced | Number of children living 4

Husband / Wife of Frank Twilley

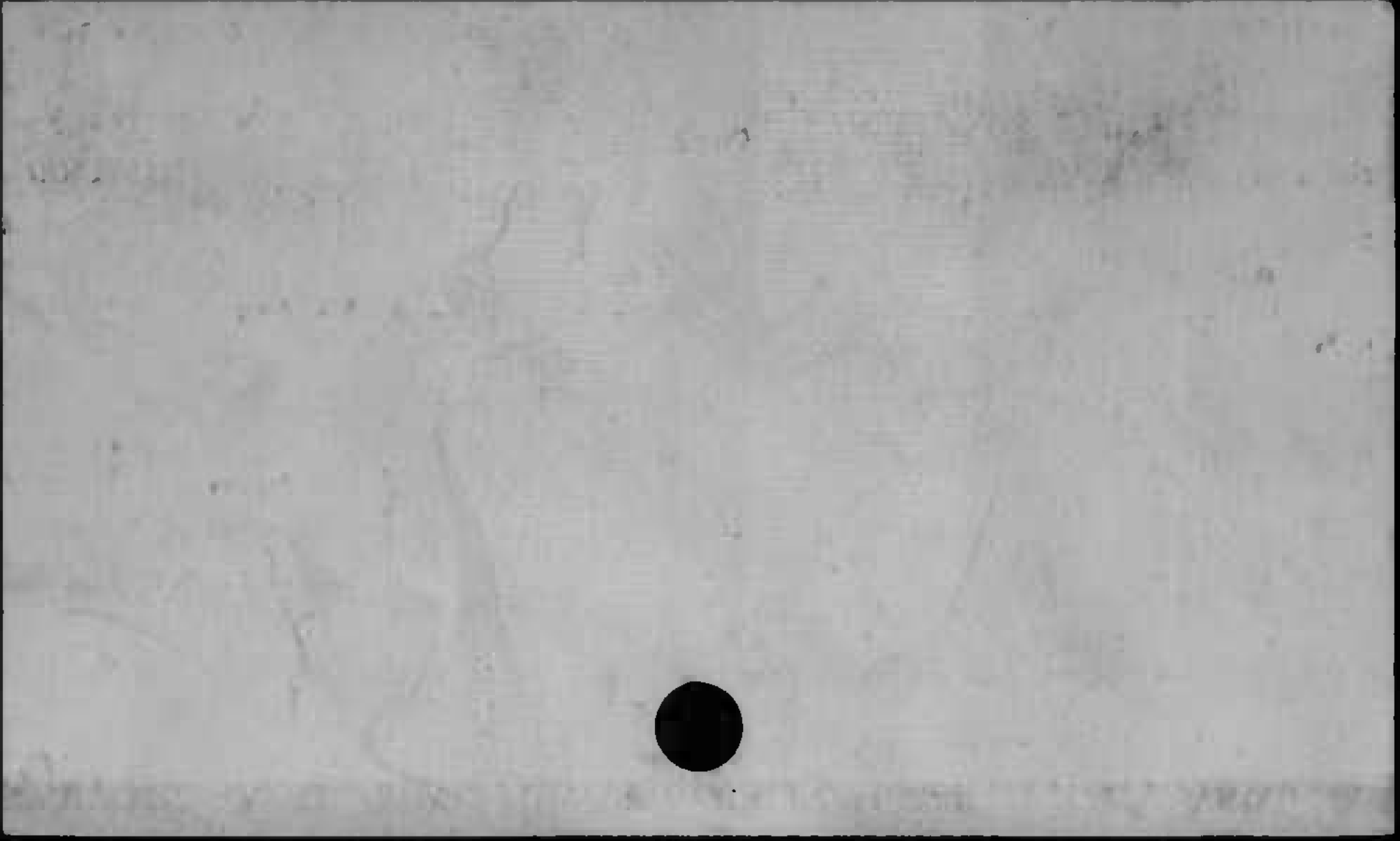
Father's Name Jacob Morris | Mother's Name Anne E Morris

Cause of Death — Primary: Puerperal fever — How long sick

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by L. G. T. Long

Address Allen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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